Edgar Filing: Corvus Pharmaceuticals, Inc. - Form 4

Corvus Pharmaceuticals, Inc.

Form 4 December (08 2016									
	ЛЛ						OMB A	PPROVAL		
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287		
Check the check	nger STATEN	AENT OI	т сна р	NGES IN	Expires:	January 31, 2005				
subject Section Form 4	16.			SECUI	Estimated burden hou response	urs per				
Form 5 obligation may con <i>See</i> Inst 1(b).	ons ntinue. Section 17(Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								
Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> LEA LEIV			Symbol	s Pharmac	d Ticker or Trading euticals, Inc.	Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O CORVUS PHARMACEUTICALS, INC., 863 MITTEN ROAD, SUITE 102			3. Date of	of Earliest T Day/Year)	ransaction	Director 10% Owner X Officer (give title Other (specify below) below) below) Chief Financial Officer				
	(Street)		endment, D onth/Day/Yea	ate Original r)	Applicable Line) _X_ Form filed by O	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
		(7 in)				Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative Securiti	es Acquired, Disposed of	, or Beneficia	lly Owned		
(Instr. 3) any		Execution	Date, if	3. Transactic Code (Instr. 8)	4. Securities mAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or	SecuritiesFeBeneficially(IOwned(I	Ownership orm: Direct O) or Indirect) nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

(Instr. 3 and 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (*e.g.*, puts, calls, warrants, options, convertible securities)

Code V Amount (D) Price

1. Title of Derivative Security (Instr. 3)	Derivative Conversion (Month/Day/Year) Security or Exercise		3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number TransactiorDerivative Code Securities (Instr. 8) Acquired (A or Disposed (D) (Instr. 3, 4, and 5)		ve s d (A) sed of	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 E S (1
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 16.37	12/07/2016		A	25,000)	<u>(1)</u>	12/07/2026	Common Stock	25,000	
Reporting Owners											
R	Reporting Owner Name / Add				Rela	tionsl	nips				
Reporting Owner Manie / Address		Directo	r 10% Ov	vner Of	ficer		Other				
LEA LEIV C/O CORVUS PHARMACEUTICALS, INC. 863 MITTEN ROAD, SUITE 102 BURLINGAME, CA 94010			S, INC.	Chief Financial Officer							
Signa	tures										
/s/ Leiv L	lea	12/07/201	6								

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**Signature of

Date

Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

The underlying shares subject to the option vest and become exercisable as to one-forty-eighth (1/48th) of the shares subject to the option

(1) in successive, equal monthly installments measured from December 7, 2016, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.